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Mike Fitzpatrick

The lessons of Baby P

Although the case of Baby P, killed at the age of 17 months by his mother, her boyfriend and a lodger has provoked a national controversy, for me it is very close to home. I live near to where Baby P lived in the London borough of Haringey, whose officers have been held to blame, and I have long been involved in child protection work as a GP in the neighbouring borough of Hackney.

My immediate feelings of horror and outrage at the savage abuse suffered by Baby P and sympathies for his wider family, were soon followed by concerns for the doctors and other professionals involved, and the familiar sentiment of 'there but for the grace of God …'. These concerns were particularly reinforced by vivid memories of a case with many similarities in our practice more than a decade ago.

In this case a baby of a similar age to Baby P was killed by his mother's boyfriend. The peculiar intimacy of the fatal blow — inflicted by head-butting — expressed both the ferocity and the barbarity of the assault, in a way strikingly similar to the account of Baby P's fractured spine and multiple injuries. The man who was convicted in our case (of previous good character and sound mental health) later conceded that he knew from the moment he met this baby he was destined to kill him. As Andrew Cooper, professor of social work at the Tavistock, observes in a thoughtful commentary, 'the treatment of Baby P reminds us that there are people whose minds, actions, motives, and ways of relating to others seem incomprehensible'.[1] He also notes that research into serious case reviews of children killed or injured between 2003 and 2005 revealed that nearly 90% of the most dangerous cases were not on the child protection register. He counsels against concluding from such cases that the system is failing, because 'arguably', it was 'never designed to deal with these extremes of human behaviour'.

The inquiry into our case came to the same banal conclusions as every other such inquiry over several decades: everybody was to blame, there was a lack of inter-agency coordination and everybody should try harder in future. In fact, as I observed in a response to the official report, the inquiry confirmed that, even though approved procedures had been followed to the letter, it was clear that nobody could have anticipated and prevented what happened. The striking difference from the Baby P case — reflecting the highly arbitrary and irrational character of the recent furore — was that this one attracted little local publicity and no national interest. Hence it was not followed by the sort of witch-hunting and political posturing that has accompanied the recent case, leading to numerous sackings and resignations in Haringey.

The vituperative media response to the death of Baby P reveals popular prejudices against people who live in relatively deprived inner-city areas and an inability to acknowledge the extremes of depravity of which human beings are capable. The scapegoating of the social workers and other professionals reflects the need to find somebody to blame and the wishful thinking that all cases of extreme cruelty to children can be prevented. It also serves to justify the extension of professional intervention into all aspects of child development in ways that will not improve protection against abuse but may further undermine parental confidence and family cohesion.[2]

'Think dirty' is the prevailing advice to doctors and health visitors and others who are in day-to-day contact with young children and their families. Inflated estimates of the prevalence of child abuse encourage suspicion and mistrust between professionals and parents.[3] But working on the presumption that every child who comes into the surgery may be at risk of becoming another Baby P is not conducive to good relations with parents, or, ultimately, to the interests of children.

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